PROVIDER TIERING CHECKLIST

Provider Name:	REGISTERED	CERTIFIED	LICENSED
	MAXIMUM CAPACI	TY/	EXPIRATION DATE
TIER I			
By School:			
Free & Reduced School sheet from report School Name			%
/Expiration Date (Must re-determine every 5 years)I	(Must be 50% or more to qualify) etter to DPP		
By Census:			
Source:		Date//	%
By Income: (Must re-determine each year)			
Income Application/Expiration Date Number of	of own children claimed	Number of related over ca	apacity claimed
TIER II			
By School:			
Free & Reduced School sheet from report School Name			%
/Expiration Date (Must re-determine every 5 years)I	etter to DPP DPP Name	(Must be 50% or	Date//
By Census:			
Source:			%
By Income: (Must re-determine each year)			
Income Application/ Expiration Date		Tier I_	Tier II
Verification Documentation			
(Must be on file if Tier I living in a Tier II school district) List Source Documentation:			
Number	of own children claimed	Number of related over ca	apacity claimed
MIXED TIER III			
By School:			
Free & Reduced School sheet from report School Name		(Must be 50% or	%
/Expiration Date (Must re-determine every 5 years)I	Letter to DPP DPP Name	(Must be 50% or	more to qualify) Date//
Income Applications for Enrolled Children			
Number of	enrolled children eligible for Tier I r enrolled children eligible for Tier II		